

2015-10-26 10:39 Dept of Health-HCF
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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423 733 2944 P 4/10

PRINTED: 10/22/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445459	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/13/2015
NAME OF PROVIDER OR SUPPLIER HANCOCK MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1423 MAIN STREET SNEEDVILLE, TN 37869		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS During a recertification survey and complaint investigation #36872 conducted on October 11-13, 2015, at Hancock Manor Nursing Home, no deficiencies were cited in relation to the complaint under CFR PART 483, Requirements for Long Term Care Facilities.	F 000	Hancock Manor hereby submits this plan of correction based upon the findings of a Health and Life Safety Code recertification survey/complaint investigation conducted by the East Tennessee Regional Office of Health Care Facilities on October 11-13, 2015. Please allow this plan to serve as our Credible Allegation of Compliance. The following POC shall not be construed as an admission of fault or an agreement with the findings of non-compliance. The POC is provided pursuant to federal regulations, which require an acceptable plan of correction as a condition of continued certification.		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted	F 441	1) The Assistant Director of Nursing/Minimum Data Set Coordinator conducted one-on-one directed education with the Charge Nurse on October 13, 2015 regarding proper handwashing during medication administration to include infection control. The Assistant Director of Nursing/Minimum Data Set Coordinator assessed Resident #29 for signs and symptoms of infection on October 13, 2015. No signs or symptoms of infection noted. The Assistant Director of Nursing/Minimum Data Set Coordinator notified the Medical Director and family on October 13, 2015. 2) Residents being care for by that charge nurse had the potential to be affected by the alleged deficient practice. Residents assessed for signs and symptoms of infection by the Director of Nursing, the Assistant Director of Nursing, and Licensed Nurses on October 14, 2015. No other residents were identified as having signs or symptoms of infections. A medication administration audit to include infection control was conducted by the Assistant Director of Nursing on Licensed Practical Nurse		

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER HANCOCK MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1423 MAIN STREET SNEEDVILLE, TN 37869		
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F 441	Continued From page 1 professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on review of facility policy, medical record review, observation, and interview, the facility failed to sanitize or wash the hands during a medication pass for 1 resident (#29) of 8 residents who were observed during the medication pass. The findings included: Review of facility policy Infection Control, Standard Precautions, with no date, revealed "...Standard precautions will be used in the care of all residents regardless to their diagnosis or presumed infection status..." Further review revealed "...Hand hygiene...wash hands after touching blood, body fluids, secretions, excretions, and contaminated items whether or not gloves are worn...follow hand hygiene policy..." Medical record review revealed Resident #29 was admitted to the facility on 11/13/13 with diagnoses including Alzheimer's Disease, Muscle Weakness, Dementia with Behaviors, Chronic Renal Disease, Atrial Fibrillation, and Depression. Observation on 10/12/15 at 8:59 AM, on the 200 Hallway, during a medication pass, revealed	F 441	#1 on October 14, 2015, and will be performed weekly for one month. 3) Licensed Nurses were in-serviced regarding proper medication administration including infection control by the Assistant Director of Nursing/Minimum Data Set Coordinator on October 14, 2015. 4) The Director of Nursing and/or the Assistant Director of Nursing/Minimum Data Set Coordinator will conduct audits of medication administration including infection control twice weekly for one month and once a month for two months. The Director of Nursing and/or Assistant Director of Nursing/Minimum Data Set Coordinator will present the results of these audits at the monthly Quality Assurance Performance Improvement Meeting X 3 months and audits will continue until 100% compliance is achieved. Members of the Quality Assurance Performance Improvement Committee are the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing/Minimum Data Set Coordinator, Business Office Manager, Social Services Director, Activities Director, Dietary Manager, Rehab Services Manager and Plant Operations Director. The completion date of the above stated actions is October 26, 2015.		

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F 441	Continued From page 2 Licensed Practical Nurse (LPN) #1 prepared the medications for Resident #29. Further observation revealed the nurse placed the medications in a cup, covered the medication cup with another cup, and crushed the medications. Continued observation revealed the LPN placed the unused medication cup in the trash container located on the side of the medication cart, touched the dirty trash container lid with the hands, and did not sanitize or wash the hands after touching the trash container lid. Further observation revealed the nurse entered the room and without washing or sanitizing the hands, administered the oral medications and then administered eye drops to the resident with ungloved and unsanitized hands. Interview with LPN #1 on 10/12/15 at 9:01 AM, in the 200 Wing Hallway, confirmed the nurse failed to sanitize or wash the hands after touching the dirty contaminated trash container lid and prior to administering the oral medications and eye drops to the resident. Interview with the Director of Nursing (DON), who is the facility's Infection Control Preventionist, on 10/12/15 at 9:10 AM, in the DON's office, confirmed the nurse failed to follow the facility's policy regarding hand hygiene.	F 441			